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i. TITLE OF REPORT (if a fill-in report include Form No.)									2. TYPE OF	OF X NARRATIVE				
ADP Coordination Reports									REPORT	-		NAME LISTING		
	1	PERSONNE	Ĺ	7	TRAINING				ADMIN. GENERAL					
3. FUNCTIONAL AREA		LOGISTICS		SECURITY				OTHER (specify)						
		MEDICAL		FINANCE			6. DISTRIBUTION (No. of components not							
4. NO. OF COPIES PREF	PARED	5. FREQUENCY (weekly, monthly, quarterly, etc.) 6.						6. U	number of copies)					
2		Quarterly							3					
7. FORMAT (memorandum	form								VE AUTHOR	ITY REG	UIRING	REPORT		
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13. COMPLETE DETAILED	JUSTI	FIGATION F	OR THIS REP	ORT (ir	additio	n to dir	ective	or a	uthority	cited i	n item	9). IF KNOWN		
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DISCONTINUE														
16. DATE OF INVENTORY		•	D TITLE OF									18. EXTENSIO		
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